

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P16505** (0)  
1. Corporation Name  
**PRE-PAID LEGAL SERVICES, INC.**

Principal Place of Business  
**321 E. MAIN STREET  
ADA OK 74820**

Mailing Address  
**321 E. MAIN STREET  
ADA OK 74820**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/23/1987</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>73-1016728</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Zip	6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, WILBURN</b>	1.2 NAME	
STREET ADDRESS	<b>3708 SHADOWRIDGE DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORMAN OK</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALDEN, KATHRYN</b>	2.2 NAME	
STREET ADDRESS	<b>905 EAST LINDA</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ADA OK</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPC</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PINSON, KATHLEEN SUSAN</b>	3.2 NAME	
STREET ADDRESS	<b>230 WILLOW POND ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ADA OK</b>	3.4 CITY-ST-ZIP	
TITLE	<b>BM</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALLS, CHARLES</b>	4.2 NAME	
STREET ADDRESS	<b>HC 87 BOX 7</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANTLERS OK</b>	4.4 CITY-ST-ZIP	
TITLE	<b>CFO</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARP, RANDY</b>	5.2 NAME	
STREET ADDRESS	<b>RT. 2, BOX 89Y</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ADA OK</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARP, RANDY</b>	6.2 NAME	
STREET ADDRESS	<b>132 THOMPSON DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ADA OK</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



RANDY HARP

APRIL 30, 1998

(580) 436-1234

CR2E034 (10/97)

04/17/98

**PRE-PAID LEGAL SERVICES, INC.**  
73-1016728  
**OFFICERS & DIRECTORS**

Chairman of the Board, Chief Executive Officer	Harland Cecil Stonecipher Rt. 1, Box 39 Centrahoma, OK 74534	441-40-2505
President and Board Member	Wilburn Smith 3708 Shadowridge Dr. Norman, OK 73072	442-38-7196
Secretary	Kathryn Walden 220 Hunter Drive Ada, OK 74820	440-38-7951
Vice President, Comptroller, Asst. Secretary / Treasurer and Board Member	Kathleen Susan Pinson 301 S. Lazy Lane Ada, OK 74820	448-52-9986
Chief Operating Officer, Chief Financial Officer, Treasurer and Board Member	Randy Harp Rt. 2, Box 89Y Ada, OK 74820	441-62-7756
Board Member	Peter Grunebaum 100 Muchmore Road Harrison, NY 10528	096-28-6319
Board Member	Shirley Stonecipher Rt. 1, Box 39 Centrahoma, OK 74534	440-40-6437
Board Member	Dave Savula 4501 Karls-Gate Drive Marietta, GA 30068-2018	286-46-1111
Board Member	John Hail Suite 1210-W 2601 N W Expressway Oklahoma City, OK 73112	299-26-7726